



MO#: 1251208

PM: MMW Due Date: 08/19/15
CLIENT: USS CORP

Section A		Section B		Section C		Section D	
Required Client Information:		Required Project Information:		Invoice Information:		Regulatory Agency	
Company:	USS Corporation	Report To:	Tom Mcke	Attention:			
Address:	P.O. Box 417	Copy To:		Company Name:			
Mt. Iron, MN 55768				Address:			
Email:		Purchase Order #:		Pace Quote:			
Phone:		Fax:		Pace Project Manager:	heather.zika@pacelabs.com		
Requested Due Date:		Project #:		Pace Profile #:			

	Document Name: Sample Condition Upon Receipt Form	Document Revised: 23Feb2015 Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt	Client Name: <u>WSS Corp</u>	Project #: WO#: 1251208
	Courier: <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input checked="" type="checkbox"/> Client <input type="checkbox"/> Commercial <input type="checkbox"/> Pace <input type="checkbox"/> Other: _____	 1251208
Tracking Number: _____		

Custody Seal on Cooler/Box Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Seals Intact? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Optional: Proj. Due Date: _____ Proj. Name: _____
Packing Material: <input type="checkbox"/> Bubble Wrap <input type="checkbox"/> Bubble Bags <input type="checkbox"/> None <input type="checkbox"/> Other: <u>Hazmat</u>	Temp Blank? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Thermometer Used: <input checked="" type="checkbox"/> 140792808	Type of Ice: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Blue <input type="checkbox"/> None <input checked="" type="checkbox"/> Samples on ice, cooling process has begun	
Cooler Temp Read °C: <u>3.7</u>	Cooler Temp Corrected °C: <u>4.0</u>	Biological Tissue Frozen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> MA
Temp should be above freezing to 6°C	Correction Factor: <u>+0.3</u>	Date and Initials of Person Examining Contents: <u>8-5-15 CP</u>

Chain of Custody Present?	Chain of Custody Filled Out?	Chain of Custody Relinquished?	Sampler Name and Signature on COC?	Samples Arrived within Hold Time?	Short Hold Time Analysis (<72 hr)?	Rush Turn Around Time Requested?	Sufficient Volume?	Correct Containers Used?	-Pace Containers Used?	Containers Intact?	Filtered Volume Received for Dissolved Tests?	Sample Labels Match COC?	-Includes Date/Time/ID/Analysis Matrix:	Comments:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<u>WSS</u>	1.
														2.
														3.
														4.
														5.
														6.
														7.
														8.
														9.
														10.
														11. Note if sediment is visible in the dissolved containers.
														12.
														See pH log for results and additional preservation documentation
														13.
														14.
														15.

CLIENT NOTIFICATION/RESOLUTION	Field Data Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Person Contacted: _____	Date/Time: _____
Comments/Resolution: _____	

FECAL WAIVER ON FILE <input type="checkbox"/> Y <input type="checkbox"/> N	TEMPERATURE WAIVER ON FILE <input type="checkbox"/> Y <input type="checkbox"/> N
Project Manager Review: <u>Maria Woods</u>	Date: <u>8/6/15</u>
Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)	